

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 7-1-05

2 Serial/Patent # 10/523906

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

Search Fee

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 100.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Credit Card Refund

\$100.00

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE:

SIGNATURE: BAC

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

EXT 217

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Adjustment date: 07/05/2005 BCOMPREL  
02/16/2005 SHAJARRO 00000120 10523906  
02 FC:1632

-500.00 OP

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B